



University of New
Mexico

The Southwest Telehealth Access Grid

An Integrated Interstate Network of Networks Model for
Telehealth

Quarterly Data Report
for
July 1, 2012 – September 30,
2012



Southwest Telehealth Access Grid
RHCPP Quarterly Data Report for Fiscal Year 2013/Q1
July 1 – September 30 2012

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Appendices

Appendix A: SWTAG Sites, First quarter 2013 A-1

**Southwest Telehealth Access Grid
RHCPP Quarterly Data Report for Fiscal Year 2013/Q1
July 1, 2012 – September 30, 2012**

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.

- Project Coordinator and Principal Investigator:

Name: Dale C. Alverson, MD

Affiliation: University of New Mexico Center for Telehealth and Cybermedicine Research

- Co-Principal Investigator:

Name: Gilbert R. Gonzales, PhD

Affiliation: University of New Mexico Office of the CIO

- | • Associate Project Coordinator:

Name: Hannah Byun, Associate Coordinator

Affiliation: University of New Mexico Center for Telehealth and Cybermedicine Research

- SWTAG Participants and Designated Contacts:

- Albuquerque Area Indian Health Service: Leonard Thomas, MD (Acting Area Director) and Joseph F. Lucero (Director of Information Management Service)
- Carlsbad Mental Health Center: Noel Clark (Chief Executive Officer) and DJ Woodfield (Technology and Facilities Manager)
- New Mexico Primary Care Association: Robert Longstreet (Chief Information Officer)
- Presbyterian Healthcare Services: Paul Briggs (Senior Vice President and Chief Financial Officer) and Marcia Birmingham (Network Communications Manager)
- San Juan Regional Medical Center: Rick Wallace (President and CEO), Joe Dohle (Chief Information Officer), J. Michael Philips (Chief Strategy Officer), and Dr. Robert Fabrey (Chief Medical Officer)
- University of New Mexico Hospitals: Matthew Braun (Director of Networking and Infrastructure, UNMH IT)
- Fort Defiance Indian Hospital Board: Leland Leonard, MD (Chief Executive Officer)
- Winslow Indian Health Care Center, Alden Anderson (Director of IT)

b. Provide a complete address for postal delivery and the telephone, fax, and email address for the responsible administrative official.

- Project Coordinator:

Name: Dale C. Alverson, MD

Title: Medical Director, Center for Telehealth and Cybermedicine Research

Mail Address: MSC11 6090, 1 University of New Mexico, Albuquerque, New Mexico 87131-0001

Email: dalverson@salud.unm.edu

Phone: (505) 272-8633

- Associate Project Coordinator

Name: Hannah Byun, Associate Project Coordinator

Mail Address: MSC11 6090, 1 University of New Mexico, Albuquerque, New Mexico 87131-0001

Email: hbyun@salud.unm.edu, Phone: (505) 272-8633

c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

University of New Mexico through the Project Coordinator, Dale C. Alverson, MD (Medical Director, Center for Telehealth and Cybermedicine Research).

d. Explain how the project is being coordinated throughout the state or region.

The Project is being coordinated by the Center for Telehealth and Cybermedicine Research at the University of New Mexico. SWTAG's coordination efforts will shift to invoicing support beginning in the next quarter. The following table summarizes their status as of **September 30, 2012**:

NM Organization	RFP #	Status
Carlsbad MHC	RFP01 Dani	Expect invoicing to begin in the next quarter.
Presbyterian Health Services	RFP03 Dani	Completed invoicing for Non-recurring costs, began invoicing for monthly recurring services.
San Juan Regional	RFP04 Dani	No change. Vendor Brainstorm currently billing quarterly for ongoing services.
First Choice (NMPCA)	RFP05 Dani	Vendor submitted change orders and has begun billing.
UNMH/HSC Sites	RFP06 Dani	Final Funding Commitment Letter issued
Albuquerque Area IHS	RFP07 Dani	Revised Funding Commitment letter issued. Vendor has completed billing.
Ft Defiance-Navajo Nation	RFP 08 Suhail	Draft Funding Commitment Letter issued
La Familia (NMPCA)	RFP09 Dani	Vendor has begun invoicing.
NMPCA (ALL Others)	RFP 10 Dani	Final Funding Commitment Letter issued
Winslow - Navajo Nation	RFP 11 Suhail	Draft Funding Commitment Letter issued
UNMH Dedicated Fiber Connections	RFP 14 Suhail	Draft Funding Commitment Letters issued for each selected vendor

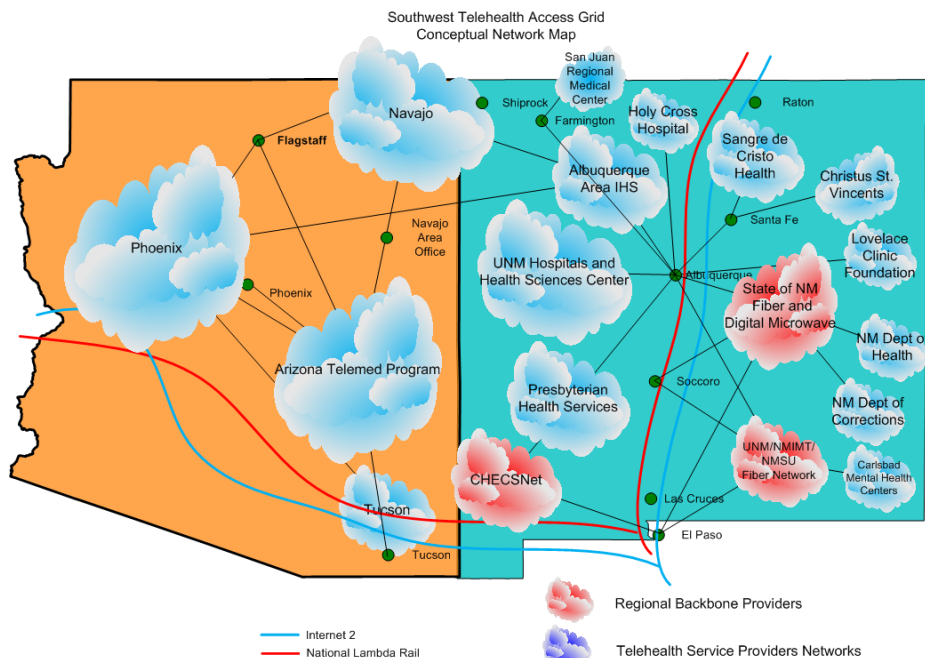
During the first quarter of 2013, project coordination efforts focused facilitating communication between USAC and SWTAG stakeholders to complete final reviews of FCC Form 466 packets which included funding requests for all remaining unfunded projects and 99% of the eligible FCC funding was encumbered. During this first quarter of 2013, efforts were focused upon obtaining the remaining FCLs and continuing invoicing on those already obtained.

In a program of this size and magnitude, the project management requirements, project administration and coordination have created major challenges, particularly when no funds are being provided for project management through the FCC RHCPP and while UNM has invested well over \$200,000 per year in administrative costs and significant workforce efforts on behalf of the SWTAG stakeholders. While navigating this dynamic environment is a challenge for project coordination, there is still cautious optimism that the RHCPP will provide tangible benefit to the region.

2. Identify all health care facilities included in the network.

- a. **Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and thirdary), six-digit census tract, and phone number for each health care facility participating in the network.**
- b. **For each participating institution, indicate whether it is:**
 - i. **Public or non-public;**
 - ii. **Not-for-profit or for-profit;**
 - iii. **An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.**

See Appendix A (attached). This data has been provided by each SWTAG stakeholder with their agreement to provide accurate information compliant with the FCC and USAC requirements. Any questions regarding the content reported here will be referred back to the appropriate stakeholder entity. Note that the sites listed are those that have requested RHCPP funding support for their equipment and/or connectivity.



3. Network Narrative: In the third quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

- a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;**

The intent is that eventually the SWTAG be a hybrid IP-based network of networks that is integrated with both the Internet2 (I2) and National Lambda Rail (NLR) backbones. This hybrid infrastructure will build upon existing and new infrastructure, as well as use combinations of existing and new land-lines, fiber, and wireless network technologies. For stakeholder SJRMC there are two parts to this project 1) Dedicated wireless network and 2) 100Mbps Internet connection

- b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;**

As a result of the competitive bidding process, the health care providers will generally connect into using secure IP point to point or multi-point IP addresses through bridging and the appropriate Internet Service Provider. Connection to I2 and NLR backbones will occur through development of a GigaPOP connector in compliance with the rules, guidelines and standards of the stakeholders. Transmission speeds will generally be at a minimum of 384 kbps depending upon the health service being provided and overall resolution requirements of the health applications. In the future the I2 and NLR backbone may be used to facilitate inter- connectivity across networks, handle higher traffic and larger data files as indicated.

- c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;**

The intent was that the network of networks will generally connect to I2 and NLR through the GigaPOP located in Albuquerque. Because the SWTAG pre-selected both I2 and NLR, the Project has requested guidance from USAC to move directly to the 466A process in order to establish contracts for connectivity with each of these vendors. However, due to the requirement that LOAs be obtained from any site that might participate in a future network of networks, this component of the project has not been pursued.

The University of New Mexico proposes to establish and extend national research and health care connectivity at ABQG (i.e. the University's common carrier location for New Mexico) for both I2 and NLR. UNM is currently a Class A sustaining member of NLR. In addition, UNM, in cooperation with other New Mexico institutions, shares a 1G connection to I2 through Front Range GigaPOP in Denver. The University proposes to increase the capacity of I2 connectivity by delivering health-related services in Albuquerque via a 10G network connection. It also proposes to sustain its NLR 10G national network connection in support of health-related services. Discussions are underway with USAC to determine the most appropriate means to proceed and the potential justification and application of the excess capacity scenarios provided by the FCC. These excess capacity scenarios can support sustainability and offset the required 15% cash match. Due to the complicated nature of applying these excess capacity scenarios appropriately, this may not pursued further.

- d. Number of miles of fiber construction, and whether the fiber is buried or aerial;**

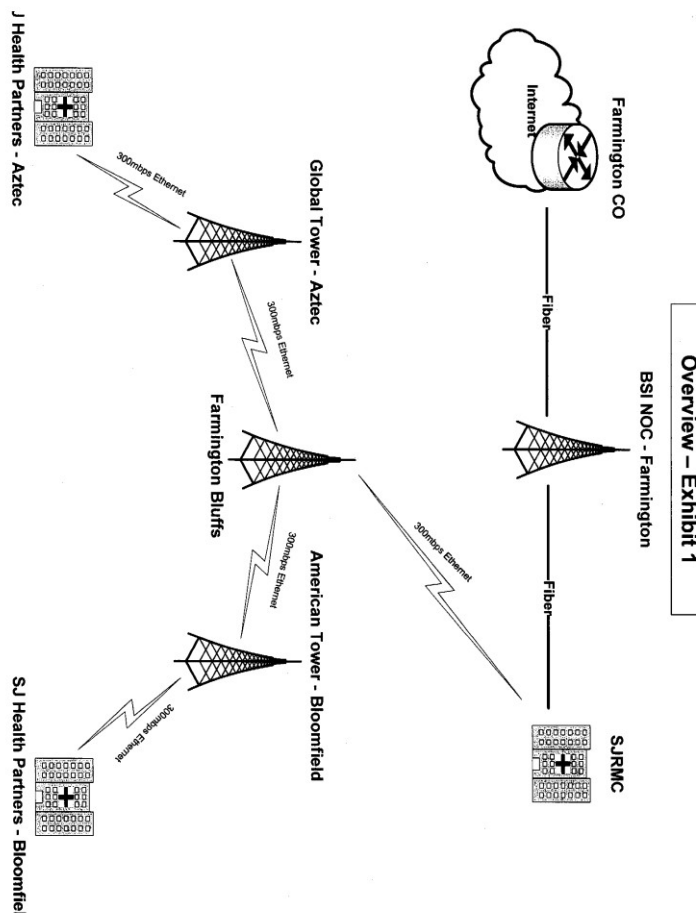
While the network design is still to be developed, the intent is that the network of networks will

include one thousand (1000) miles of buried fiber.

- e. **Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.**

This will be determined as a result of the overall network design studies for SWTAG, as well as the selection of the most appropriate service provider.

- a. **Provider name** San Juan Regional Medical Center
- b. **Eligible provider (Yes/No);** Yes
- c. **Type of network connection (e.g., fiber, copper, wireless);** 1) Wireless, 2) Fiber
- d. **How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);** 1) Self-constructed (by using a local vendor), 2) leased fiber
- e. **Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);** 1) 300Mbps, 2) 100Mbps
- f. **Gateway to NLR, Internet2, or the Public Internet (Yes/No);** Yes
- g. **Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.** 1) Radio – Dragonwave, Routers – Cisco 2821, Switch – Cisco 3560G-24;
2) Routers – Cisco 2821, Switch – Cisco 3560G-24
- h. **Provide a logical diagram or map of the network.**



None of the SWTAG Health Care Providers have been connected to the network of networks as of September 30, 2012.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

a. Network Design

SWTAG has no recurring or non-recurring costs to report for Network Design for the quarter ending September 30, 2012.

b. Network Equipment, including engineering and installation

SWTAG stakeholders that have begun invoicing for recurring and non-recurring costs for Network Equipment in the quarter ending September 30, 2012 are as follows:

RFP 03 Presbyterian Health Services

RFP 07 Albuquerque Area Indian Health Services

RFP 09 La Familia Medical Center

c. Infrastructure Deployment/Outside Plant

i. Engineering

ii. Construction

SWTAG has no recurring or non-recurring costs to report for Infrastructure Deployment/Outside Plant for the quarter ending September 30, 2012.

d. Internet2, NLR, or Public Internet Connection

SWTAG has no recurring or non-recurring costs to report for Internet2, NLR, or Public Internet Connection for the quarter ending September 30, 2012.

e. Leased Facilities or Tariffed Services

SWTAG stakeholders that have begun invoicing for recurring and non-recurring costs for Leased Facilities or Tariffed Services in the quarter ending September 30, 2012 are as follows:

RFP 03 Presbyterian Health Services

RFP 04 San Juan Regional Medical Center

RFP 09 La Familia Medical Center

f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)

SWTAG has no recurring or non-recurring costs to report for Network Management, Maintenance, and Operation Costs for the quarter ending September 30, 2012.

g. Other Non-Recurring and Recurring Costs

SWTAG has no other recurring or non-recurring costs to report for the quarter ending September 30, 2012.

6. Describe how costs have been apportioned and the sources of the funds to pay them:

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.

There are no costs to apportion at this time since SWTAG has recurring and non-recurring costs to report for the quarter ending September 30, 2012 for eligible sites and their connectivity. However, the apportionment of funds among the stakeholders will be reviewed by the SWTAG Project and Associate Project Coordinators and Governance Committee as outlined in the original project proposal. On shared sections of the network, it is anticipated that

network costs will be apportioned by bandwidth and distance, plus complexity such as special security requirements, etc.

b. Describe the source of funds from:

i. Eligible Pilot Program network participants

ii. Ineligible Pilot Program network participants

Costs to apportion for the quarter ending September 30, 2012, the sources of funds to pay for any such costs, such as the 15% cash match, came from the eligible network participant as SWTAG stakeholders.

c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).

i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.

ii. Identify the respective amounts and remaining time for such assistance.

Costs to apportion for the quarter ending September 30, 2012 came directly from the SWTAG stakeholders.

Committee members are participating with no reimbursement from SWTAG. Their time and effort are being contributed by their home organization.

d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

Funding commitment letters have been issued, for SWTAG RFP 01, 03, 04, 05, 06, 07, 09, and 10, In that funding request process, the appropriate stakeholders identified the required 15 percent matching fund contributions that will support the costs, goals, and objectives of the SWTAG.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

The vast majority of SWTAG stakeholder entities are eligible participants. As the Project evolves, any ineligible sites will be identified and will be required to contribute 100 percent of their costs to be connected into the network of networks with the exception of data centers and administrative hubs critical to the operations of the network for each stakeholder.

8. Provide an update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and

Current SWTAG Project Leadership and Management Structure:

- Project Coordinator and Principal Investigator: Dale C. Alverson, MD (UNM)
- Co-Principal Investigator: Gilbert R. Gonzales, PhD (UNM)
- Associate Project Coordinator: Hannah Byun.
- Five Committees with stakeholder representation provided the basis for moving the Project forward in a manner consistent with the FCC RHCPP Order to design, model, implement and operate an enhanced broad band network that will support rural telemedicine, health information exchange, and evaluate its effectiveness in meeting health care needs in the region, development of protocols for emergency preparedness and disaster response that can serve as a model for a national network of networks, consistent with the objectives of the Nationwide Health Information Network (NHIN) and the Public Health Information Network (PHIN). These committees are no longer meeting due

to advanced nature of the project.

1) Governance; Co-chaired by Dr. Dale C. Alverson (UNM Center for Telehealth and Cybermedicine Research) and Dr. Gilbert R. Gonzales (UNM CIO)

2) Network Engineering; Chaired by Gary Bauerschmidt (UNM ITS)

3) Health Information Exchange; Chaired by Dr. Dale C. Alverson (UNM Center for Telehealth and Cybermedicine Research)

4) Evaluation; Co-chaired by Dr. Elizabeth Krupinski (Arizona Telemedicine Program) and Denise Wheeler (UNM Center for Telehealth and Cybermedicine Research)

5) Health Services: Chairperson position is vacant.

SWTAG Stakeholder Changes:

All stakeholders with the exception of the Hardrock Council on Substance Abuse (RFP 12) completed the 466 process for requesting funds, and nearly all have been awarded their funding commitments by September 30, 2012. Of those who have received funding commitments, all have initiated their projects with their selected vendors. Some (see sections 4b and 4e) have begun invoicing for both equipment and services. The SWTAG project team continues to offer assistance to all remaining SWTAG stakeholders as each completes their project build-out and begins receiving services through the RHCPP.

- b. In the third quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.**

As of this quarter, RFP 01, 03, 04, 05, 06, 07, 09, and 10, have received their funding commitment letters and RFP 03, 07 and 09 began invoicing, and RFP 04 has continued invoicing. A Total of 12 FCLs have been received to date for this quarter covering 8 of our 12 stakeholders (66%). Total amount of funding committed to the SWTAG as of this quarter is \$7,173,988.76 of the total \$15,561,181 for which SWTAG is eligible (46%). For SWTAG RFP 06 and RFP 14 of UNMH, RFP 08 and RFP 11, of the Navajo Nation, funding requests were all under review by USAC during this quarter. RFP 12 of the Navajo Nation withdrew during the previous quarter.

The UNM Center for Telehealth staff members continued their extensive support of the SWTAG efforts during the past quarter. The focus was on working individually with each stakeholder group to facilitate the review process of all FCC 466 "packets" and requests for funding. Additional coordination and communications occurred, as well as active planning for specific telehealth applications.

It is anticipated that the SWTAG committees may play an important role as the project implementation progresses or in future phase if additional funding opportunities become available.

- 9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.**

The overall SWTAG Sustainability Plan was accepted by USAC in the previous quarter establishing a milestone for the overall project and allowing for an additional year extension. In October 2008 the SWTAG formed an Ad Hoc Work Group on Sustainability. It met through June 2009 to develop plans so that the outcomes from the SWTAG Project can be self sustaining. Given the „network of networks“ goal, there are two levels of sustainability that must be addressed. First a sustainability plan designed for the „local“ level is a requirement for each of our stakeholders and these are actively under review and revision given the new FCC requirements. Third, an over-arching sustainability plan was necessary to sustain the aggregation of these local systems into the network of networks for our region. The Ad Hoc Work Group's efforts were to develop a coordinated, multi-level approach to sustainability that will assist in providing direction and opportunities for sustainability. A uniform template was developed that represented a suitable sustainability plan ready for customization by the individual stakeholders, as well as used for the network of networks being created as part of this Project. This template was distributed to each stakeholder in May 2009 for their utilization.

There are several general points which can be made about sustainability and which pertain to SWTAG. As has been mentioned before in numerous settings, the ultimate criterion for the sustainability of a telehealth network is the provision of needed services. If the network provides services which are perceived as valuable to the rural communities and the providers and patients within the region, it will be sustainable. Continued adoption and investment in the Grid by the rural communities and the health care provider organizations will be based on perceived and demonstrable value in improved access, more effective distribution and sharing of health care services.

In a related manner, we expect that use of the network will result in measurable improvements in health outcomes. Objective evidence of these improvements will justify the continued investment. Reimbursement by third party payers for health services provided via telemedicine over the Grid will generate additional revenue for the rural users. Sharing the SWTAG among many stakeholders and avoiding silo systems offers economies of scale to assist in maintaining this network of networks.

The individual stakeholders in the SWTAG already have or are developing sustainability plans for their component of the network. As reflected in the New Mexico Health Information Collaborative/Lovelace Clinic Foundation (NMHIC/LCF) Business Plan with scenario options, as well as for the Arizona Telemedicine Program, sustainability will be related to formally developing an identity to maintain and operate the network of networks. Approaches under exploration include coordination through some defined entity (such as LCF, the New Mexico Telehealth Alliance, or other entity), and using a subscriber membership model along with the subsidy provided in the traditional FCC/USAC Telemedicine program. Options here involve using the comparable urban rate or continuation of the 15 percent / 85 percent approach currently in place with FCC RHCPP.

In addition, overall sustainability of the SWTAG will depend upon a high volume of utilization and quality of telemedicine services that meet the defined health care needs of the rural communities, their providers and patients within the region. Continued adoption and investment in the Grid by the rural communities and the health care provider organizations will be based on perceived and demonstrable value in improved access, more effective distribution and sharing of health care services. It is intended that the SWTAG Health Services Committee will update the health services grid with current and pending health service applications from each of the stakeholder groups involved in health care provision. This information will be used in the consolidation of services and to provide a “menu” of potential services for sharing, as well as for grant applications and other potential sources of funding.

Furthermore, objective evidence of improvements in health outcomes will justify the continued investment, as well as reimbursement by third party payers for health services provided via

telemedicine over the Grid. Sharing the SWTAG among many stakeholders and avoiding silo systems also offers the economy of scale to assist in maintaining this network of networks. In addition, if the SWTAG proves to offer enhanced reliability, quality of service (QoS), security, surge capacity, and appropriate redundancy that provides means for disaster recovery, local, state, and federal agencies will more likely provide additional resources and funding to maintain the Grid so that the system will be in place to meet the needs for homeland security, emergency preparedness and disaster response.

The SWTAG also offers cost savings to the health care system through improved sharing of resources, effective distribution and access to health services that lead to decreased travel costs for patients, families and providers. Further, this enhanced access can provide improvements in continuity of care that provides prevention of subsequent complications and more expensive health services, particularly for patients with chronic disease. Those values will lead to continued sustainability and integration of telemedicine into the health care system.

Several of the stakeholders have indicated that the capital investment generated by the grant will result in ongoing cost savings sufficient to cover maintenance and replacement for their portions of the system. In addition, individual stakeholders and potential health care provider entities have demonstrated track records for sustainability that are meeting critical health care needs through telemedicine and should continue to maintain those efforts as noted below.

We anticipate that our network of networks will be sustained and that each stakeholder will cover 100% of the costs after the FCC RHCPP funds have been exhausted. We expect the need for Health Information Exchange (HIE) and Telehealth will continue to increase as required value-added services prompting ongoing sustainability. When appropriate, our stakeholders will utilize the Rural Health Care Primary Program and other programs to subsidize those costs into the future. Each stakeholder has indicated their intent to sustain their portion of the network after the program is completed. Since each stakeholder will cover their own connectivity costs to be part of this internet-based Southwest Telehealth Access Grid (SWTAG) network of networks, as well as meeting their own internal network needs, we do not anticipate additional administrative costs of being part of the SWTAG nor the need for a network operating center (NOC).

Albuquerque, Area of the Indian Health (AAIHS) Service: AAIHS will be focusing on enhance connectivity for the several of the tribal sites it supports. . Similar to the existing FCC Rural Health Program, the Pilot Program establishes funding support for broadband I2 access that would otherwise be unaffordable for participating IHS Areas and regional IHS/Tribal facilities. The IHS Southwest Telehealth Consortium and will carefully monitor project development and assess regional improvements to access to health care resources to IHS and Tribal facilities. Ongoing analysis will help determine the potential for continuance of regional I2 access beyond the pilot funding period. Importantly, I2 access for Southwest Tribal and IHS facilities will be standardized from the “edge” of the IHS WAN in Albuquerque and Rockville, MD. Such standardized access will offer benefit to other IHS and Tribal facilities nationally. Based on experience gained with Internet2-based network-to-network connections for enhanced telemedicine service delivery, Indian health facilities in the southwest and across the country may elect to develop a cost-sharing model that will permit project continuance beyond the pilot period.

Carlsbad Mental Health Center: It is within the scope of the Strategic Plan of Carlsbad Mental Health Center to continue to grow fee for service (FFS) psychiatric and telehealth services over the next twenty years. Because of our rural area, technology will provide a critical link between those we serve and the professionals we can employ and contract for service delivery. Furthermore, it is important to rural areas that healthcare is integrated and accessible and CMHC will use technology to leverage service delivery and build efficiency and accountability into the structure of behavioral health. As such, the sustainability of this project is supported by the development of this FFS business model and the delivery of behavioral health and integrated healthcare to our rural communities.

New Mexico Primary Care Associates: Sustaining the pilot program past the funding period will be

a challenge. The majority of NMPCA's member organizations is currently or has utilized the traditional USAC program. The inherent challenge to future sustainability is that both the pilot and traditional programs are predicated on the idea that high-speed telecom service to rural areas is cost prohibitive. For the purposes of developing our sustainability plan we are assuming that the traditional USAC program, at the least, will continue, and strongly encourage the FCC to consider the continuation of the pilot program's funding structure past the life of the pilot. NMPCA's funding request for this project is not comprised of large one-time costs for equipment or an expensive build out of fiber facilities, but rather mainly for the monthly recurring cost of high-speed telecommunications service. As the project progresses, we expect to more completely developed sustainability plan for PCA.

Presbyterian Healthcare Services: Their sustainability plan was accepted as part of the overall network of networks sustainability plan.

San Juan Regional Medical Center: Their sustainability plan was accepted as part of the overall network of networks sustainability plan. The current, low speed network is already self-sustaining. We intend to work collaboratively with the other universities along the Rio Grande Corridor backbone and consider the purchase of dark fiber and equipment with one-time, capital funding to eliminate the monthly fees for some of the existing circuits. The savings will be used to offset the increases in maintenance and long haul (e.g., I2) costs. All of the network backbone and a majority of the connected sites will use this approach. A draft business plan has been developed to recover costs of connectivity. This plan will be completed and implemented based on available capital funding for the network expansion. The new network would only lease circuits where dark fiber was not available. This lower cost approach enables us to continue the self-sustaining model. Ultimately, the ongoing costs of the network are borne by customers using the new services. Our experience has shown that rural areas will readily pay for service that they could not otherwise obtain.

UNM Hospital (UNMH) and Health Science Center (HSC) Clinics: UNM's Hospital and HSC Clinical sites will integrate the improvements in telehealth capacity created in this project into their overall mission of extending health-related services. Using enhanced broadband connectivity and operations supported through the FCC RHCPP SWTAG funding will allow continued or additional participation in telehealth-supported clinical services, education and training of health professionals, as well as community-based participatory health research in New Mexico and Arizona. This will also leverage programs funded by a broad base of local and federal sources. These potentially eligible sites are currently supported and the connectivity managed by UNMH and/or in collaboration with HSC as the centralized decision making authorities and would be consistent with the SWTAG intent and scope of work to enhance the telehealth network of networks and extension of healthcare services to remote or rural locations within our state and region.

- Projecting Telecommunications Costs: We expected that the competitive bidding process for telecommunications services will result in rates that are significantly lower than those currently experienced in the region. Because of the major changes in rates which this will bring about, it is next to impossible to estimate on-going telecom costs for the Grid.

- Organization Structure: As we have moved into the process of implementing the Grid, it has become increasingly clear to us that some more formal type of coordinating organization will be necessary to sustain the network. As was mentioned above, several segments are or will become self-sustaining, but the membership will have to collectively address the other components that will require additional support. Discussions continue regarding the shape of the proposed organization and the structure of dues and fees which will be necessary to maintain the Grid. The general approach will be to quantify the cost savings noted above and to set a fee structure which takes these into account.

- Aggregation of ICT Broadband Services: There is mounting evidence that aggregation of broadband services is likely to lead the telecommunication industry's interest in greater investment into community connectivity and realization of Return on Investment (ROI). This in turn can lead to better price points for sustainability. Creating "silos" for healthcare networks and so called "air tight boxes" can be a barrier to developing sustainable ubiquitous broadband that should support a full spectrum of services. In addition charging for the level of broadband independent of distance or geographic location is a concept that can level the playing field for all stakeholders and end users.
- Predicting the Future: It is a significant challenge to predict the future of ICT, HIT, and Healthcare Delivery Systems beyond five years during a period of major transformation and emerging new technologies. We are in a period of unprecedented change in networking technology and transformation in our country's healthcare delivery system. This is underscored by the HITECH components of ARRA, the recently passed PPACA, CMS and ONCHIT meaningful use criteria, as well as the Department of Commerce's NTIA BTOP program, and USDA's RUS BIP program that allocated billions of dollars to broadband enhancements in the United States. Predicting how the RHCPP investments will be sustained beyond the initial five years creates a daunting challenge for our overall project and for our individual stakeholders, particularly in this dynamically changing telecommunication and healthcare environment. Ongoing adoption of telemedicine, HIT, EHR, and HIE will likely increase the demand for affordable broadband. Sustainability will depend upon the production of evidence that these HIT systems improve health outcomes and save money. Data that still needs to be accumulated even though there appears to mounting evidence that telemedicine and HIT can accomplish those goals of achieving improved health outcomes at a lower cost. Predicting sustainability beyond five years and an ROI on the RHCPP is a best guess at most. This has created difficulty in having our stakeholders realistically comply with this post hoc requirement, particularly in a pilot program that should allow experimentation and encompass successes and failures in sustainability.

UNM's Center for Telehealth has had considerable experience in developing business plans, in conjunction with the University of New Mexico's Anderson Schools of Management, for many of our Telehealth projects and applications and is contributing our expertise to the work of the SWTAG Ad Hoc Work Group. In the plans previously completed we have projected significant cost savings to health care provider organizations and third-party payers, including New Mexico's Medicaid program. Those business plans have demonstrated cost savings through travel avoidance for both providers and patients. For example NM Medicaid pays for travel and per diem costs of clients who cannot receive their covered health care needs within 65 miles of their place of residence. Those costs alone are \$10-15 million per year and we have projected a cost saving by slightly more than 5 percent travel avoidance (NM Medicaid Business Plan available upon request). As of August 2007, they have endorsed reimbursement of all covered services that can be accomplished through telehealth (NM Medicaid announcement available upon request). In addition, the Center also prepared a business plan for the New Mexico Corrections Department regarding integration of telehealth within their system and demonstrated a cost savings of more than \$1 million after the first year of deployment through improved access to needed health care services, cost savings through avoidance of moving inmates out of their prison location, and avoidance of serious public safety events if an inmate escapes (Corrections Services Business Plan available upon request). This resulted in full deployment of a telehealth network throughout the corrections system in New Mexico with connections to several health care provider organizations including the University of New Mexico's Health Science Center. That telemedicine system has added predicted value and has been sustained for over four years. Similar business plans are being developed for other telehealth applications, such as for tele-dermatology, to predict sustainability and value added to both the specialty consultant and referring physician in a rural community.

In addition, telemedicine is providing improved continuity of care for patients in rural communities through improved access to care locally, particularly for patients with chronic disease or complicated health problems, such as diabetes, chronic congestive heart failure, emphysema, or asthma, resulting in less use of expensive emergency care services or hospitalization, as well as

avoidance of more expensive complications related to those diseases. Furthermore, the patients can improve their functionality at home and in the work place, and also avoid time off work for their families or friends who provide supportive care or even transportation to urban medical centers. A healthier community results in a healthier workforce and improves overall economic development in those rural communities. In addition, health care facilities, clinics and hospitals, can be economic drivers in their own communities, providing employment and other benefits, such as the local economic impact from money spent locally on goods and services (as well as employee wages). Nationally, it is estimated that every dollar spent by a hospital supports more than two dollars in other business activities, a so-called “ripple effect”.

All of these factors add significant value to the health care provider organizations and the communities that they serve and promote sustainability of an enhanced telehealth network after the FCC RHCPP investment. This premise is the core concept as we move forward with the development of a detailed sustainability plan for our network of networks and the individual stakeholder network components.

Primary approaches for sustainability of the network of networks include working with our states in developing strategies for aggregation of services enhanced through broadband infrastructure that meet a spectrum of community interests beyond telemedicine and healthcare, such as connecting schools, libraries, government agencies and offices, business and other applications that address overall community needs. This strategy aggregates demand, volume of services, and is likely to achieve the best price point from service providers for more affordable and sustainable broadband services, encouraging service providers to invest in enhanced broadband build-out and continued operations after the initial FCC RHCPP investment. Continuation of the primary traditional FCC/USAC urban rate discount program for telemedicine connectivity will also likely play a continued critical role in sustained operations of broadband particularly in rural remote sites with lower volume of activity. Any aggregation strategy will cost allocate the portion of the broadband and FCC RHCPP 85% support used purely for health related services as required in this pilot program.

10. Provide detail on how the supported network has advanced telemedicine benefits:

a. Explain how the supported network has achieved the goals and objectives outlined in selected participant’s Pilot Program application;

Although the SWTAG Project has not yet been fully implemented, the goals and objectives set forth in the original proposal still stand to support and enhance current telemedicine services and add additional services.

The Health Services Committee initiated the development of a comprehensive inventory of current and planned telehealth services being offered over the telemedicine networks of the stakeholders. A survey instrument was developed to identify those services and current volume of activity as a baseline for evaluating the impact of the enhanced SWTAG infrastructure in increasing and sharing those telemedicine activities, as well as adding new needed health services as the SWTAG is implemented. The evaluation component of this Project will measure those changes over the period of the Project.

b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;

Planned health services are being outlined that can be expanded or added to meet defined needs of providers and patients in the region over the enhanced SWTAG network of networks. The Health Services Committee will conduct surveys to determine current and planned health services that will run over the SWTAG to provide telemedicine

services.

- c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;**

Our current stakeholders are providing or receiving telemedicine services over the existing networks. This Project should facilitate expanding the delivery of telemedicine services and would allow patients to have access to medical specialists.

- d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;**

SWTAG Project stakeholders include universities in New Mexico and Arizona and one of the NHIN national demonstration projects.

- e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.**

The SWTAG project plan includes offering 24/7 telemedicine services and development of protocols for using the SWTAG for emergency preparedness and disaster response. This will allow health care providers the ability to more easily monitor critically ill patients. Furthermore, components of the broadband expansion will incorporate appropriate redundancy that addresses network disaster recovery and redundant pathways for critical health care services when components of the network fail.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

- a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;**

The SWTAG includes a Health Information Exchange Committee with representatives involved in HIE initiatives in our region to address interoperability standards as recognized by the HHS Secretary.

- b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;**

The SWTAG includes a Health Information Exchange Committee to address these issues regarding use of health IT products certified by the Certification Commission for HIT.

- c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;**

The SWTAG Project's Health Information Exchange Committee includes representatives from one of the NHIN trial implementations through the Lovelace Clinic Foundation (LCF) and the associated New Mexico Health Information Collaborative (NMHIC) based in Albuquerque, NM.

LCF/NMHIC is collaborating with SWTAG with respect to health information exchange among

the health service provider stakeholders, some of which are already part of the health information exchange projects currently underway, such as the University of New Mexico Health Sciences Center and Holy Cross Hospital in Taos, New Mexico. Furthermore, as part of the NHIN project, a business plan has been developed to address sustainability which is applicable to sustainability planning for the SWTAG (NMHIC copy available upon request).

During 2008, the NMHIC, which is staffed and operated by LCF, had a series of significant accomplishments. LCF/NMHIC implemented a robust network infrastructure, established network interfaces with major health care provider organizations, and successfully demonstrated the exchange of test patient information over the NHIN. These live demonstrations involved nineteen health information networks, including seven states, Kaiser Permanente, the Veterans Health Administration, the Department of Defense Military Health System, and other major health information networks.

On September 23, 2008, Dr. Robert White, Director of Medical Informatics at LCF at that time used the NMHIC health information exchange network to access a fictitious patient record from a healthcare provider in Albuquerque, New Mexico, and then gathered important additional information about the same patient from the Long Beach Network for Health (LBNH) in California. The audience for this demonstration included Secretary of Health and Human Services Michael Leavitt, the American Health Information Community (AHIC) workgroup, and all those across the country who watched the demonstration as it was broadcast live over the internet. The health care organizations that participated with NMHIC in the September demonstration of the NHIN Trial Implementation included Presbyterian Healthcare Services and TriCore Reference Labs.

On December 15 and 16, 2008, at the NHIN Forum in Washington, D.C., LCF/NMHIC achieved additional national recognition:

- NMHIC demonstrated transfer of live (but fictitious) emergency responder information from Albuquerque Ambulance to the emergency department at Presbyterian Hospital, and to the New Mexico Department of Health. The presenters in this demonstration included: Dr. Robert White and Dave Perry of LCF/NMHIC, Mike Jambrosic and Dr. Phil Froman of Albuquerque Ambulance, and Dr. Chad Smelser of the New Mexico Department of Health. The participating organizations in the demonstration included Albuquerque Ambulance, Presbyterian Healthcare Services, TriCore Reference Labs, the New Mexico Department of Health, Taos Holy Cross Hospital, the Department of Veterans Affairs, the Long Beach Network for Health, and the Health Information Exchange of New York.

- Also, NMHIC participated in the demonstration of the Wounded Warrior Use Case, along with the Military Health System of the Department of Defense, the Veterans Health Administration, and several other regional health information exchange networks.
- NMHIC's Director of Health Informatics, Jeff Blair, was featured in three sessions: 1) summarizing the "lessons learned" from the NHIN demonstrations, 2) describing the process of developing a community network business plan, and 3) describing how specifications for NHIN data content were developed. Mr. Blair was also chosen to serve on a workgroup that will define the governance and operations of the NHIN.

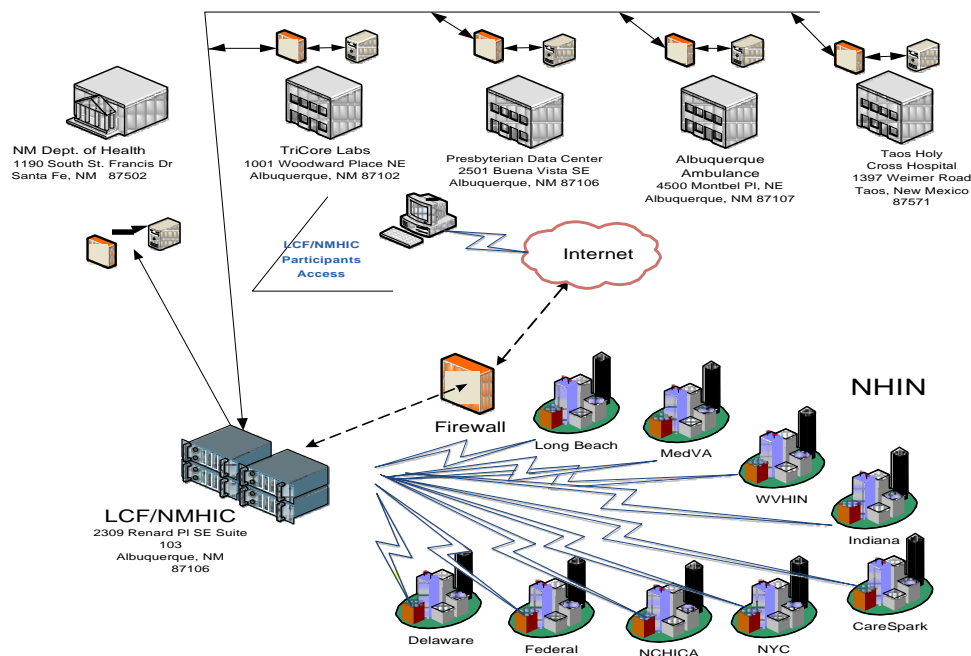
Notwithstanding these accomplishments, and as noted above in Question 8b(4), despite the intent of FCC Order 07-198 that RHCPPs reflect incorporation of the regional NHIN initiatives ("Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations"), through ongoing communications with FCC and USAC, it has been recently determined that the LCF/NMHIC is considered ineligible for funding as a "data center" and will need to pay its fair share to connect into the SWTAG network of networks. The rationale is that even though LCF/NMHIC does connect to some eligible health care provider

sites in the SWTAG, there are other local, regional and national sites to which they also connect as part of their NHIN demonstration project funded through the U.S. Department of Health and Human Services' ONCHIT. Based upon the recently released FCC FAQs it is difficult to demonstrate that LCF/NMHIC is an "eligible network component" as part of an "air-tight box" within our network of networks, since it serves several different eligible health care providers or links to other data centers both regionally and nationally. LCF/NMHIC doesn't appear to meet the criteria outlined in FAQ #5; "If a data center is connected (e.g., transmits data to and receives data from) to an eligible health care provider, the data center may qualify for funding as an eligible network component. For example, the Rural Wisconsin Health Cooperative Consortium is appropriately using Pilot Program funding for an electronic healthcare records (EHRs) data center connected to numerous eligible health care providers. Rural Wisconsin's Pilot Program application, which explains its shared EHR system, may be accessed at:

[http://fjallfoss.fcc.gov/prod/ecfs/retrieve.cgi?native_or_pdf=pdf&id_document=6519409890.](http://fjallfoss.fcc.gov/prod/ecfs/retrieve.cgi?native_or_pdf=pdf&id_document=6519409890)"

Also LCF/NMHIC may be construed as a "stand alone data center" since they are not part of any single health care provider organization but serve several eligible health care provider organizations to facilitate HIE and again may lack eligibility and not qualify to receive FCC funds based on FCC FAQ #5; "Data centers, however, do not qualify as eligible health care providers under section 254(h)(7)(B) of the Communications Act and FCC rules. Examples of eligible health care providers are included in the answer to FAQ # 4 above. Accordingly, a stand-alone data center (not connected to an eligible health care provider) is not eligible for Pilot Program funding." Furthermore LCF/NMHIC links into an Internet "cloud" which creates difficulties in cost allocation for non-SWTAG health care provider sites that, although eligible, are not unique and specific to the SWTAG Pilot Program sites. Again as noted in FCC FAQ #5; "If a product or service contains both eligible and ineligible components, costs should be allocated to the extent that a clear delineation can be made between the eligible and ineligible components. See 2007 RHCPP Selection Order, para 76. Thus, costs associated with data centers that are unique and specific to the Pilot Program projects may be reimbursed with Pilot Program funds, whereas data centers that handle traffic for eligible health care providers as well as traffic for other entities could receive funding for a portion of the use of such data center (i.e., the portion that relates to eligible use.)

LCF/NMHIC Technical Overview



The specific need for RHCPP support for LCF as part of the SWTAG Project was to support direct connectivity via the GigaPOP to significant data providers in the NMHIC. Currently LCF is using basic Internet via two bonded T1 lines and will need to expand in order to more effectively, efficiently and securely transmit visual diagnostic images (such as digital x-rays), other large data files, and increased data traffic. Early estimates indicate the costs to address these needs meet the eligibility definitions and can be incorporated within the SWTAG approved total budget of \$15,561,181 for the overall Project. LCF has already committed the requisite 15 percent matching funds that would be necessary to participate.

Therefore, this determination of ineligibility is unfortunate since LCF/NMHIC plays a critical, exemplary, and highly regarded role in the NHIN and HIE at the statewide, regional and national levels and they particularly serve a major role as an important network component for HIE in the overall SWTAG network of networks. However, LCF/NMHIC has chosen to stay engaged and involved in the SWTAG despite the conclusion of their ineligibility. They will continue to contribute significantly in facilitating HIE and providing models for overall sustainability.

The prior NM Governor, Bill Richardson, appointed LCF/NMHIC to coordinate HIE throughout the state. In that role NMHIC is developing formal agreements with many key health provider stakeholders, including those involved in the SWTAG, to facilitate HIE utilizing the telemedicine network of networks. This expanded role may qualify NMHIC as a critical network component supporting our SWTAG stakeholders and eligible for FCC RHCPP funds.

LCF has formally changed its name to LCF Research and has received two large grants from the Office of the National Coordinator (ONC) to implement HIE across the state and as a Health Information Technology Regional Extension Center (HITREC) with additional funding of more than \$13 million. The UNM Center for Telehealth also participates as a stakeholder on the Board of LCF Research and NMHIC.

d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;

The SWTAG's Health Information Exchange Committee will address these issues regarding use of HHS's AHRQ National Resource Center for HIT.

e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and

The SWTAG has access to the Pandemic and All Hazards Preparedness Act document which is being reviewed and discussed so as to allow the SWTAG to coordinate with the HHS Assistant Secretary for Public Response and be used as a resource for the telehealth inventory for the implementation of preparedness and response initiatives. Furthermore, the SWTAG has been in contact with the state Divisions for Disaster Response, Emergency Preparedness and Homeland Security to coordinate the use of the network of networks and other IP Architectural plans.

f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

The SWTAG's Health Information Exchange Committee will address these issues regarding use of the developed network as an available resource to HHS's CDC PHIN as well as facilitating interoperability with public health and emergency organizations.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.

As noted previously, the SWTAG Project has formed a Health Information Exchange Committee to address these issues and develop a system and appropriate protocols for using the SWTAG as part of a national network in case of local public health, regional, national health emergencies such as pandemics, or acts of terrorism. In addition, this project will create a model for the SWTAG network of networks to provide a platform for simulations related to disasters or health emergencies, address disaster recovery and appropriate redundancy in the network, security and QoS. This will also assist in determining how best to design the network of networks and provide iterative improvements as indicated. As part of the network design and modeling efforts, protocols will be developed for emergency and disaster response use of the SWTAG, working with local, state and national PHIN initiatives, as well as the states' departments of Homeland Security and Emergency Management. Furthermore, as noted previously, the Lovelace Clinic Foundation New Mexico Health Information Collaborative (NMHIC) demonstrated transfer of live (but fictitious) emergency responder information from Albuquerque Ambulance to the emergency department at Presbyterian Hospital, and to the New Mexico Department of Health. The participating organizations in the demonstration included Albuquerque Ambulance, Presbyterian Healthcare Services, TriCore Reference Labs, the New Mexico Department of Health, Taos Holy Cross Hospital, the Department of Veterans Affairs, the Long Beach Network for Health, and the Health Information Exchange of New York, demonstrating how the networks can be used in emergency response, situational awareness, and situational management. Also, NMHIC participated in the demonstration of the Wounded Warrior Use Case, along with the Military Health System of the

Department of Defense, the Veterans Health Administration, and several other regional health information exchange networks.

We have continued to have ongoing dialogue with CDC regarding the PHIN and the Federal Health Architecture (FHA) regarding NHIN initiatives in creating a network infrastructure model as proposed in our project that can be used for standard telehealth transactions and, using appropriate protocols, provide a platform for emergency response during a national or regional disaster, pandemic influenza, or terrorism. That modeling approach can provide opportunities for testing, simulation of a spectrum of scenarios, iterative improvements in the network of networks, training of users and performance assessment. As a self-provisioned component of the SWTAG and given the requirement for competitive bidding, this proposed modeling initiative creates an additional challenge for implementation through the FCC RHCPP process.

The overall concept for modeling the PHIN and integrating the NHIN is a nationwide network of networks to meet health, emergency and disaster needs as part of a Federal Communications Commission/Nationwide Health Information Network/Public Health Information Network Collaborative. This part of the SWTAG related to the following:

I. Public Health Priorities

In the medical environment the reliable exchange and management of patient and public health information is a critical requirement for modern society. To support this aim, a wide range of *nationwide* and *public health information networks* initiatives are underway. As an example, new priorities were recently established for public health by the Centers for Disease Control and Prevention (CDC); 1) improving support to states and localities, 2) strengthening surveillance and epidemiology, 3) strengthening CDC's global health work, 4) improving policy effectiveness, 5) positioning CDC to address health reform.

The United States is increasingly relying on a network of networks to support our health community with activities like information exchanges, the use of telemedicine, appropriate access to public health information, access to quality health care services, and public and professional sharing of knowledge quickly, effectively and efficiently. This is because Public Health needs systems that allow enhanced surveillance, early detection, situational awareness, consequence management, dissemination of information, and mitigation of events.

The U.S. is creating and has created a plethora of networks to address specific needs from the commodity Internet to focused public health information networks. Network infrastructures have been built out over the years, spanning across local, regional, and national domains. The casual assumption is that these networks will work together to meet a specific situation. Unfortunately, it has been shown in too many disaster settings that networks do not always interoperate and that the characteristics of one network can have a negative effect on another network. Since these networks have become a critical resource in meeting our countries health needs and play a critical role in disaster situations, a means of addressing the ability of the combined networks to meet the needs of the health community is requisite.

II. Fundamental Foundations for Public Health Priorities Through Collaboration

The Nationwide Health Information Network (NHIN) efforts as part of the Federal Health Architecture (FHA) and the NHIN Connect project are providing a platform for health information exchange and public health collaboration initiatives along with several federal, public and private partners. The Public Health Information Network (PHIN) can be integrated into that program while addressing specific public health priorities.

At the same time, the Federal Communications Commission (FCC) has created a Rural Health Care Pilot Program (RHCPP) to design, build, and operate regional and state broadband

infrastructure that can support telemedicine, health information exchange, and public health. To further address these issues, the Federal Government has formed a National Broadband Taskforce being led by the FCC. One of the specific goals of this planning is because broadband can facilitate provision of medical care to unserved and underserved populations through remote diagnosis, treatment, monitoring, and consultations with specialists.

Current information communication technologies, networks, and systems and their ongoing development tend to focus on specific needs that can create silos or barriers to effective and efficient information exchange, surveillance, situational awareness, consequence management, and dissemination of knowledge. Existing and emerging new public health issues and threats, chronic disease management, and economic constraints all require significant transformations in the health care system including improved communication, coordination, and collaboration.

Thus there is a need for a reliable, efficient, secure network for health information that supports standard transactions and access to health services through and can also serve to support emergency or disaster response nationwide. Connecting national, regional, and local sites at the grass roots level with adequate broadband will facilitate bi-directional communication, dissemination of knowledge and sharing of information.

III. Creating a Model for the NHIN and PHIN

A model for the NHIN/PHIN Information Communication Technology (ICT) Infrastructure can support the needs for overall health information exchange and provide a platform for simulation of a variety of scenarios and use cases. The model can build upon current enterprise architecture design, be used to evaluate and identify gaps or points of failure in the infrastructure and lead to iterative improvements and creates ability to provide adequate redundancy and disaster recovery within the network. A model provides a platform for simulation, a safe environment to make mistakes, as well as provide opportunities for dynamic iterative improvement and refinement of the network of networks.

A model is a representation that shows the workings of an object, system, or concept. This gives us the ability to understand the underlying dynamics of a complex system. These insights are needed to assess whether the assumptions of a model are correct and complete and will also help us to facilitate the design and operation of the networks.

The model will be used for individual and team training and performance assessment of users and integrate protocols to quickly transition from standard transactions to emergency response. A model will provide visualization of simulated events and improve understanding of how the network of networks enhances human situational awareness, consequence management and mitigation. Networks continue to evolve, driven by continuing demand, growth, such as with telehealth and the regular emergence of new networking technologies (e.g., wireless, Internet, optical). As a result there is a pressing need to study the overall performance of NHIN/PHIN infrastructures, e.g., in terms of network transfer capabilities, end-user experiences, reliability, scalability, cost, etc. Also there is a need to characterize the response of these NHIN/PHIN network operation under wide-range stressor conditions arising from events such as natural disasters (earthquakes, hurricanes, floods, pandemics) and/or man-made disasters (terrorist attacks, cyber-attacks, etc). Indeed, these scenarios will provide vital design inputs for helping scale these infrastructures and ensure effective operation under a wide range of real-world conditions.

IV. Initial Implementation

Creating a model, through trans-disciplinary collaboration and appropriate subject matter experts, has been suggested to design and test the integration of a network of networks and its functionality. The project would be done in phases with scalability of the model

from representative states to nationwide, over a 2-3 year period. The model will build upon existing network initiatives and interests. It would encompass the NHIN FHA Connect efforts, the FCC RHCPP and Broadband Strategic Planning, US Department of Commerce and Department of Agriculture broadband programs, Office of the National Coordinator for Health Information Technology, Internet 2, and CDC in order to use this modeling effort as a "force multiplier", as well as a tool for testing and improving the enterprise architecture and cost-effective design.

To accomplish these aims, this effort proposes to conduct a detailed modeling and performance evaluation study of current and emerging NHIN/PHIN infrastructures. The work to create this model will be conducted over a period of 2-3 years by a team of investigators and subject matter experts. The proposed effort will follow a structured set of technical tasks. As part of the proposed methodology a team will conduct detailed modeling and analysis of NHIN/PHIN infrastructures and applications under various operational and stressor scenarios. Part of this collaboration will rely upon the participants to share network information for the modeling team. Specifically, this effort will focus on the application of discrete event simulation techniques and will pursue a well-structured agenda comprising of the following key phases: 1) NHIN/PHIN repository design, 2) NHIN/PHIN user traffic modeling, 3) network stressor modeling, and 4) network simulation and analysis. Based upon the original New Mexico FCC RHCPP Southwest Telehealth Access Grid proposal, if funded, it would also include Arizona and the regional IHS Area offices; Albuquerque, Navajo, Phoenix, and Tucson. Based upon available resources, this modeling project could be scaled to include other states working with CDC PHIN or FCC RHCPP, such as Washington, Indiana, New York, North Carolina and several others.

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	RuCa	Census Tr	Rural
Carlsbad Mental Health Center	914 N. Canal St.		Carlsbad	NM	88220	Yes	4: Community mental health center	Not-for-profit community mental health center licensed by the State of New Mexico: License number: 3045	4 x 4 Mbps IP Port and 100 Mbps port loop between the Carlsbad Mental Health Center Main site at 914 N. Canal St. and the Carlsbad Mental Health Center MWC site at 302 N. Main St., both in Carlsbad, NM 88220. A block of five (5) static IP addresses will also be required for the shared IP Port.	TRUE	4	01.00	Urban
Treasure House Marvin Watts Center	302 N. Main St.		Carlsbad	NM	88220	Yes	4: Community mental health center	Not-for-profit community mental health center licensed by the State of New Mexico: License number: 3045	4 x 4 Mbps IP Port and 100 Mbps port loop between the Carlsbad Mental Health Center Main site at 914 N. Canal St. and the Carlsbad Mental Health Center MWC site at 302 N. Main St., both in Carlsbad, NM 88220. A block of five (5) static IP addresses will also be required for the shared IP Port.	TRUE	4	01.00	Urban
Milestones Wellness Center	1700 W. Main	Suite A2	Artesia	NM	88210	Yes	4: Community mental health center	Not-for-profit community mental health center licensed by the State of New Mexico: License number: 3045	2 x 2 Mbps IP Port and 100 Mbps intranet. One static IP address will also be required for the IP Port.	TRUE	4	10.00	Rural
Dan C. Trigg Memorial Hospital	301 E. Miel de Luna		Tucumcari	NM	88401	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 3011	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	7	9586.01	Rural
Espanola General Hospital	1010 Spruce St.		Espanola	NM	87532	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 6090	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	4	9407.00	Rural
Plains Regional Medical Center	2100 N. Thomas		Clovis	NM	88101	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 6052	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	4	02.01	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
Lincoln County Medical Center	211 Sudderth		Ruidoso	NM	88345	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 3199	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	7	9808.00	Rural
Socorro General Hospital	1202 Highway 60 West		Socorro	NM	87801	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 3014	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	6	9758.00	Rural
Carrizozo Clinic	710 Avenue E		Carrizozo	NM	88301	Yes	6: Rural health clinic	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 6075	In order to provide a redundant WAN, PHS requires a MPLS 3 MB or 2XT1 Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 2821 or equivalent).	TRUE	10.6	9802.00	Rural
Capitan Clinic	330 Smokey Bear Blvd.		Capitan	NM	88316	Yes	6: Rural health clinic	Operates in conjunction with Carrizozo Clinic, licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 6075	In order to provide a redundant WAN, PHS requires a MPLS 3 MB or 2XT1 Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 2821 or equivalent).	TRUE	10.3	9803.00	Rural
Corona Clinic	471 Main St.		Corona	NM	88318	Yes	6: Rural health clinic	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 3156	In order to provide a redundant WAN, PHS requires a MPLS 3 MB or 2XT1 Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 2821 or equivalent).	TRUE	10.6	9802.00	Rural
Dan C. Trigg Memorial Hospital	301 E. Miel de Luna		Tucumcari	NM	88401	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 3011	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	7	9586.01	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
Espanola General Hospital	1010 Spruce St.		Espanola	NM	87532	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 6090	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	4	9407.00	Rural
Plains Regional Medical Center	2100 N. Thomas		Clovis	NM	88101	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 6052	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	4	02.01	Urban
Lincoln County Medical Center	211 Sudderth		Ruidoso	NM	88345	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 3199	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	7	9808.00	Rural
Socorro General Hospital	1202 Highway 60 West		Socorro	NM	87801	Yes	5: Not-for-profit hospital	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 3014	In order to provide a redundant WAN, PHS requires a 45 MB Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 3845 or equivalent).	TRUE	6	9758.00	Rural
Carrizozo Clinic	710 Avenue E		Carrizozo	NM	88301	Yes	6: Rural health clinic	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 6075	In order to provide a redundant WAN, PHS requires a MPLS 3 MB or 2XT1 Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 2821 or equivalent).	TRUE	10.6	9802.00	Rural
Capitan Clinic	330 Smokey Bear Blvd.		Capitan	NM	88316	Yes	6: Rural health clinic	Operates in conjunction with Carrizozo Clinic, licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 6075	In order to provide a redundant WAN, PHS requires a MPLS 3 MB or 2XT1 Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 2821 or equivalent).	TRUE	10.3	9803.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
Corona Clinic	471 Main St.		Corona	NM	88318	Yes	6: Rural health clinic	Licensed by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau, License 3156	In order to provide a redundant WAN, PHS requires a MPLS 3 MB or 2XT1 Ethernet or bandwidth equivalent to provide connectivity, inter-building dedicated external fiber optic cable installation, and site-based network routing hardware (Cisco 2821 or equivalent).	TRUE	10.6	9802.00	Rural
San Juan Regional Medical Center	801 W. Maple		Farmington	NM	87401-5	Yes	5: Not-for-profit hospital	Authorized to operate as a hospital under a NM Department of Health license	Site 1 - 100 Mbps Ethernet to the Internet	TRUE	1	0004.02	Urban
San Juan Health Partners Bloomfield Clinic	100 N. Church St.		Bloomfield	NM	87413	Yes	6: Rural health clinic	Authorized to operate as a medical clinic under San Juan Regional Medical Center, a not-for-profit hospital and public entity	Site 1 to 2 - 45 MB Ethernet or more bandwidth from site 1 to the Bloomfield Clinic	TRUE	2	0007.04	Rural
San Juan Health Partners Aztec Clinic	120 Llano St.		Aztec	NM	87410	Yes	10: Urban Health Clinic	Authorized to operate as a medical clinic under San Juan Regional Medical Center, a not-for-profit hospital and public entity	Site 1 to 3 - 45 MB Ethernet or more bandwidth from site 1 to the Aztec Clinic	TRUE	1	0006.06	Urban
South Valley Health Center	2001 N. Centro Familiar Blvd. SW		Albuquerque	NM	87105	Yes	2: Community health center or health center providing health to migrants	Section 330 of the Public Health Service Act providing primary care medical services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB	TRUE	1	0045.02	Urban
South Broadway Health Center	1316 Broadway SE		Albuquerque	NM	87102	Yes	2: Community health center or health center providing health to migrants	Section 330 of the Public Health Service Act providing primary care medical services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB	TRUE	1	0015.00	Urban
Alamosa Health Center	6900 Gonzales Rd. SW		Albuquerque	NM	87121	Yes	2: Community health center or health center providing health to migrants	Section 330 of the Public Health Service Act providing primary care medical services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB	TRUE	1	0047.05	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
Alameda Health Center	7704-A 2nd St. NW		Albuquerque	NM	87107	Yes	2: Community health center or health center providing health to migrants	Section 330 of the Public Health Service Act providing primary care medical services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB	TRUE	1	0035.01	Urban
North Valley Health Center	1231 Candelaria Rd. NW		Albuquerque	NM	87107	Yes	2: Community health center or health center providing health to migrants	Section 330 of the Public Health Service Act providing primary care medical services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB	TRUE	1	0032.02	Urban
William Street Center	1401 William St. SE		Albuquerque	NM	87102	Yes	2: Community health center or health center providing health to migrants	Section 330 of the Public Health Service Act providing primary care medical services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB	TRUE	1	0014.00	Urban
Los Lunas Health Center	145 Don Pasqual Road NW		Los Lunas	NM	87031	Yes	2: Community health center or health center providing health to migrants	Section 330 of the Public Health Service Act providing primary care medical services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB	TRUE	2	9704.02	Urban
Belen Health Center	120 S. 9th St.		Belen	NM	87002	Yes	2: Community health center or health center providing health to migrants	Section 330 of the Public Health Service Act providing primary care medical services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB	TRUE	4.2	9708.00	Urban
Edgewood Health Center	8 Medical Ctr. Rd.		Edgewood	NM	87015	Yes	2: Community health center or health center providing health to migrants	Section 330 of the Public Health Service Act providing primary care medical services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB	TRUE	2	0103.06	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tract	Rural
UNMH Family Health Clinic	4808 McMahon NW		Albuquerque	NM	87114	Yes	10: Urban Health Clinic	Clinic staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided general medical care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0047.18	Urban
UNMH Maternal and Family Planning Clinic - South Broadway	1500 Walter SE		Albuquerque	NM	87102	Yes	10: Urban Health Clinic	Clinic staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided maternity and family planning care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0013.00	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
UNMH Psychosocial Rehabilitation Program	2001 El Centro Familiar Blvd. SW	Suite D	Albuquerque	NM	87105	Yes	4: Community mental health center	Community Mental Health Center, staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided mental health care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0045.02	Urban
UNMH Maternal and Family Planning Clinic - Northwest Valley	1231 Candelaria Rd. NW		Albuquerque	NM	87107	Yes	10: Urban Health Clinic	Clinic staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided maternity and family planning care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0032.02	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
UNMH Maternal and Family Planning Clinic - West Mesa	6900 Gonzales Rd. SW	Suite H	Albuquerque	NM	87121	Yes	10: Urban Health Clinic	Clinic staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided maternity and family planning care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0047.05	Urban
UNMH Addictions and Substance Abuse Program	2450 Alamo SE		Albuquerque	NM	87106	Yes	4: Community mental health center	Community mental health center, staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided mental health care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0012.00	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
UNMH Assertive Community Treatment	622 Manzano NE		Albuquerque	NM	87110	Yes	4: Community mental health center	Community mental health center, staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided mental health care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0004.02	Urban
UNMH Digestive Disease Center for Excellence	1001 Dr. Martin Luther King Jr. Ave. NE		Albuquerque	NM	87106	Yes	10: Urban Health Clinic	Clinic staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided digestive disease treatment and care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0019.00	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
UNMH Lifeguard Air Emergency Services	2505 Clark Carr Loop SE		Albuquerque	NM	87106	No	5: Not-for-profit hospital	Although emergency medical service facilities themselves are not eligible providers for purposes of the RHCPP, Pilot Program funds may be used to support costs of connecting an emergency medical service facility to eligible health care providers to the extent that the emergency medical services facility is part of the eligible health care provider.	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0012.00	Urban
University of New Mexico Hospital	2211 Lomas Blvd. NE		Albuquerque	NM	87109	Yes	5: Not-for-profit hospital	Hospital where patients are provided general medical care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification.	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0018.00	Urban
UNMHSC UNM Cancer Center	1201 Camino de Salud NE		Albuquerque	NM	87106	Yes	5: Not-for-profit hospital	Cancer center, staffed by University of New Mexico Hospital, a not-for-profit hospital, where cancer patients are provided treatment and care. UNM School of Medicine, Cancer Research & Treatment Center, accredited by the National Cancer Institute, the Liaison Committee on Medical Education (LCME), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) providing patient care.	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0018.00	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
UNM Vein Center	7007 Wyoming Blvd NE, Unit A-3 Cherry Hills		Albuquerque	NM	87109	Yes	10: Urban Health Clinic	Clinic staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided varicose vein and other related venous disorders care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0037.12	Urban
HSC Continuum of Care	2350 Alamo Avenue SE, Suite 155		Albuquerque	NM	87106	Yes	10: Urban Health Clinic	Clinic staffed by University of New Mexico Hospital, a not-for-profit hospital, where patients are provided developmental disability treatment and care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and Certification Bureau	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0012.00	Urban
Center for Rural and Community Behavioral Health	2301 Yale Blvd SE, Suite F-1		Albuquerque	NM	87106	Yes	4: Community mental health center	Mental health Center staffed by UNM Health Sciences Center staff, a not-for-profit entity, where patients are provided mental health care.	Metro Ethernet connectivity at either 5, 10, 15, or 20 Mbps to Novitski Hall Switch Room at 900 Yale NE, Albuquerque, New Mexico for educational use and patient care	TRUE	1	0012.00	Urban
ACL Indian Hospital	I40-Exit 102		San Fidel	NM	87049	Yes	5: Not-for-profit hospital	State of NM licensure; accredited health care provider, providing inpatient/outpatient medical services	Equipment only. Present network will be used for this RFP. No internet service requirements.	TRUE	5	9745.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
Albuquerque Service Unit (AIH)	801 Vassar Dr NE		Albuquerque	NM	87106	Yes	10: Urban Health Clinic	State of NM licensure; accredited health care provider, providing outpatient medical services	Equipment only. Present network will be used for this RFP. No internet service requirements.	TRUE	1	0018.00	Urban
Jicarilla Service Unit	500 North Mundo		Dulce	NM	87528	Yes	6: Rural health clinic	State of NM licensure; accredited health care provider, providing outpatient medical services	Equipment only. Present network will be used for this RFP. No internet service requirements.	TRUE	10	9409.00	Rural
Mescalero Indian Hospital	318 Abalone Loop		Mescalero	NM	88340	Yes	5: Not-for-profit hospital	State of NM licensure; accredited health care provider, providing inpatient/outpatient medical services	Equipment only. Present network will be used for this RFP. No internet service requirements.	TRUE	10.6	0008.00	Rural
Santa Fe Service Unit	1700 Cerillos Rd		Santa Fe	NM	87505	Yes	5: Not-for-profit hospital	State of NM licensure; accredited health care provider, providing inpatient/outpatient medical services	Equipment only. Present network will be used for this RFP. No internet service requirements.	TRUE	1	0010.02	Urban
Taos Service Unit	1090 Goat Springs Rd		Taos	NM	87571	Yes	6: Rural health clinic	State of NM licensure; accredited health care provider, providing outpatient medical services	Equipment only. Present network will be used for this RFP. No internet service requirements.	TRUE	4	9524.00	Rural
Zuni Service Unit	Route 301 North B St		Zuni	NM	87327	Yes	5: Not-for-profit hospital	State of NM licensure; accredited health care provider, providing inpatient medical services	Equipment only. Present network will be used for this RFP. No internet service requirements.	TRUE	5	9402.00	Rural
Albuquerque Area Office-Indian Health Service (Data Center)	5300 Homestead Rd NE		Albuquerque	NM	87110	No	12: Data Center (ineligible)	Data Center for Albuquerque Area- Indian Health Services. Core location for 100 % healthcare data processing and storage devices.	Equipment only. Present network will be used for this RFP. No internet service requirements.	TRUE	1	02.03	Urban
Tsehootsoo Medical Center	Corner N12 & N7	PO Box 6	Ft. Defiance	AZ	86504	Yes	5: Not-for-profit hospital	CMS Certified; "This site is eligible per the website http://fdihb.org/index-1.html for participation."	Possible connection to cellular tower/DSL	TRUE	7.4	9440.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
Nahata 'Dziil Health Clinic	Chiih'Toh Blvd Bldg #2	P.O. Box	Sanders	AZ	86512	Yes	6: Rural health clinic	CMS Certified; "This site is eligible per the website http://fdihb.org/index-1.html for participation."	Possible connection to cellular tower/DSL	TRUE	10.5	9451.00	Rural
Fort Defiance Chapter	Corner of Route 112 & BIA 110	P.O. Box	Ft Defiance	AZ	86504	Yes	3: Local health department or agency	Resources provided to the community related to healthcare:Disease Prevention, Immunization,Health Services to correction inmates	Point to Point wireless connection to FDIHB water tank Explanation: FDIHB water tank will be part of the FDIHB hub site microwave backbone network for off-site storage and connectivity to Window Rock water tank. The FDIHB water tank is a connecting point for Multipoint wireless access for old hospital facilities that are still being used, data storage and backhaul Window Rock Water tank data.	TRUE	7.4	9440.00	Rural
Oak/Pine Springs Chapter	North I-40, Navajo Route 12, Milepost 19	P.O. Box	Window Rock	AZ	86515	Yes	3: Local health department or agency	Resources provided to the community related to healthcare:Disease Prevention, Immunization,Health Services to correction inmates	DSL	TRUE	7.4	9450.00	Rural
Red Lake Chapter	Sheppard Springs Road & Old Red Lake Rd	P.O. Box	Navajo	NM	87328	Yes	3: Local health department or agency	Resources provided to the community related to healthcare:Disease Prevention, Immunization,Health Services to correction inmates	Direct fiber connectivity	TRUE	9.1	9438.00	Rural
Saint Michael's Chapter	Highway 264 (Across from IHS Bldg) Bldg 29A	P.O. Box	St Michaels	AZ	86511	Yes	3: Local health department or agency	Resources provided to the community related to healthcare:Disease Prevention, Immunization,Health Services to correction inmates	Point to point wireless	TRUE	7.4	9450.00	Rural
Nahata 'Dziil Chapter	(1) mile S. Hwy 191, Red Fan View Dr	P.O. Box	Sanders	AZ	86512	Yes	3: Local health department or agency	Licensed by the State of Arizona to provide general medical care	Connection to FDIHB WR water tank Explanation: The FDIHB WR (Window Rock, AZ) water tank is part of the FDIHB microwave backbone to backhaul all Window Rock multipoint wireless data back to main FDIHB hub site for EHR access	TRUE	10.5	9451.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
Sawmill Chapter	Milepost 14 on Navajo Rt. 7 Across from Sawmill Primary School	P.O. Box	Sawmill	AZ	86504	Yes	3: Local health department or agency	Resources provided to the community related to healthcare:Disease Prevention, Immunization,Health Services to correction inmates	possible connection to cellular tower/DSL	TRUE	7.4	9440.00	Rural
Crystal Chapter	Navajo Route 12 off State Hwy 134	P.O. Box	Navajo	NM	87328	Yes	3: Local health department or agency	Resources provided to the community related to healthcare:Disease Prevention, Immunization,Health Services to correction inmates	Red Chapter site will connect to the FDIHB hub site via DSL, or direct fiber connectivity when high speed broadband is available. DSL will be used in the initial phase of the project	TRUE	9.1	9438.00	Rural
Houck Chapter	127 I-40 Exit 348	P.O. Box	Houck	AZ	86506	Yes	3: Local health department or agency	Resources provided to the community related to healthcare:Disease Prevention, Immunization,Health Services to correction inmates	microwave/DSL	TRUE	7.4	9450.00	Rural
Lupton Chapter	I 40 Exit 357, In conjunction with Navajo Rt. 12	P.O. Box	Lupton	AZ	86508	Yes	3: Local health department or agency	Resources provided to the community related to healthcare:Disease Prevention, Immunization,Health Services to correction inmates	microwave/DSL	TRUE	7.4	9450.00	Rural
La Familia Medical Center Alto Clinic	1035 Alto Street		Santa Fe	NM	87501	Yes	2: Community health center or health center providing health to migrants	State of New Mexico has issued an operator's license for each clinic in operation.Does offer some behavioral health services but not residential behavioral health services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB.	TRUE	1	0008.00	Urban
La Familia Medical Center Southside Clinic	2145 Caja Del Oro Grant Road		Santa Fe	NM	87507	Yes	2: Community health center or health center providing health to migrants	State of New Mexico has issued an operator's license for each clinic in operation.Does offer some behavioral health services but not residential behavioral health services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB.	TRUE	1	0012.02	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
La Familia Medical Center Healthcare for the Homeless Clinic	818 Camino Sierra Vista		Santa Fe	NM	87501	Yes	2: Community health center or health center providing health to migrants	State of New Mexico has issued an operator's license for each clinic in operation. Does offer some behavioral health services but not residential behavioral health services	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB.	TRUE	1	0007.00	Urban
La Familia Medical Center SFCC Clinic	6401 Richards Avenue		Santa Fe	NM	87508	Yes	2: Community health center or health center providing health to migrants	State of New Mexico has issued an operator's license for each clinic in operation.	Private network connecting all clinics to a central data center. In addition, a broadband connection for each clinic to be used as a redundant network for disaster recovery. Private network requires a T1 to each clinic with a T3 to the central site. The broadband connection will need to be at least 10GB.	TRUE	2	0106.00	Urban
Tijeras Data Center	400 Tijeras Ave NW		Albuquerque	NM	87102	No	12: Data Center (ineligible)	Data Center for La Familia Medical Center. Core location for 100% healthcare data processing and storage devices.	Equipment only. Present network will be used for this RFP. No internet service requirements.	TRUE	1	0021.00	Urban
El Centro Family Health-Espanola Medical Clinic	2010 Industrial Park Road		Espanola	NM	87532	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	0003.00	Rural
El Centro Family Health-Las Vegas Medical Clinic	1235 8th Street		Las Vegas	NM	87701	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	9573.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
El Centro Family Health-Espanola Bond Medical Clinic	711 Bond Street		Espanola	NM	87532	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	9407.00	Rural
El Centro Family Health-La Loma Medical Clinic	1058 La Loma Road		Anton Chico	NM	87711	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	7	9616.00	Rural
Mora Valley Community Health Service	Highway 518, Mile Marker 26		Mora	NM	87732	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	10.5	9552.00	Rural
El Centro Family Health-Roy Medical Clinic	555 Wagon Mound Highway		Roy	NM	87743	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	10	0001.00	Rural
El Centro Family Health-Coyote Medical Clinic	State Rd 96 #3396		Coyote	NM	87012	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	10.5	0004.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
El Centro Family Health-San Miguel Medical Clinic	275 New Mexico 3	Bldg. 2	Ribera	NM	87560	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	2	9577.00	Rural
El Centro Family Health-Embudo Medical Clinic	Highway 68 #2243 Rinconada		Embudo	NM	87531	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	5	9523.00	Rural
El Centro Family Health-Springer Medical Clinic	403 Prospect Avenue		Springer	NM	87747	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	10	9507.00	Rural
El Centro Family Health-Highlands University Medical Clinic	901 Baca		Las Vegas	NM	87701	Yes	6: Rural health clinic	This is a school-based, CMS certified Rural Health Clinic, licensed by the New Mexico Department of Health as a Rural Health Clinic	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	9573.00	Rural
El Centro Family Health-Wagon Mound Medical Clinic	604 Catron Ave		Wagon Mound	NM	87752	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	10.5	9552.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
El Centro Family Health-Penasco Medical Clinic	State Rd 75 #15136		Penasco	NM	87553	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	10.5	9529.00	Rural
El Centro Family Health-Truchas Medical Clinic	County Rd 75 #60		Truchas	NM	87578	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	0001.00	Rural
El Centro Family Health-Chama Medical Clinic	211 N Pine		Chama	NM	87520	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	10	0005.00	Rural
El Centro Family Health-Espanola Dental Clinic	608-B La Joya St		Espanola	NM	87532	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	9407.00	Rural
El Centro Family Health-Las Vegas Dental Clinic	3031 Hot Springs Blvd		Las Vegas	NM	87701	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	9578.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural/Urban	Census Tract	Rural
First Nations Community Healthsource	5608 Zuni Rd SE		Albuquerque	NM	87108	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	1	0009.03	Urban
Ben Archer Health Centers-Hatch Clinic	255 Highway 187		Hatch	NM	87937	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. Also, Internet connection for telehealth videoconferencing. The broadband connection will need to be at least 3MB.	TRUE	10.4	0014.00	Rural
Ben Archer Health Centers-Truth or Consequences Medical Clinic	1960 Date Street		Truth or Consequences	NM	87901	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	7	9822.00	Rural
Ben Archer Health Centers-Dona Ana Clinic	1600 Thorpe Road		Las Cruces	NM	88012	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	1	0013.01	Rural
Ben Archer Health Centers-Columbus Clinic	626 Taft Street		Columbus	NM	88029	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	5	0004.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural/Urban	Census Tract	Rural/Urban
Ben Archer Health Centers-Alamogordo Clinic	2150 South US Highway 54		Alamogordo	NM	88310	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	0005.00	Urban
Ben Archer Health Centers-Deming Clinic	125 Chaparral NW		Deming	NM	88030	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	5	0004.00	Rural
Ben Archer Health Centers-Radium Springs Clinic	12080 LB Lindbeck Rd		Radium Springs	NM	88054	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	10.4	0014.00	Rural
La Casa Health Centers-Portales Clinic	1515 W Fir		Portales	NM	88130	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	0002.00	Rural
La Casa Family Health-Clovis Clinic	1521 W 13th		Clovis	NM	88101	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	0002.02	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
La Casa Family Health-Roswell Clinic	1511 S Grand		Roswell	NM	88202	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center.	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	0006.00	Urban
La Casa Family Health-Roswell Pediatrics Clinic	200 W Wilshire	Suite A	Roswell	NM	88201	Yes	2: Community health center or health center providing health to migrants	This is a federally qualified health center certified/funded under Section 330 of the Public Health Services Act licensed by the New Mexico Department of Health as a Diagnostic and Treatment Center.	Private network connecting all clinics to a central data center. The broadband connection will need to be at least 3MB.	TRUE	4	0010.00	Urban
El Centro Resource Center	544 N Paseo de Oñate		Espanola	NM	87532	No	11: Other (ineligible) entity	The administrative hub is a critical support component of the overall healthcare operations and its connection is critical without which the health care service at the other sites in the network cannot function.	The broadband connection will need to be at least 3MB, but 10 Mbps MPLS Ethernet or bandwidth equivalent is desired.	TRUE	4	0003.00	Rural
La Clinica de Familia Administrative Office	385 Calle de Alegria		Las Cruces	NM	88005	No	11: Other (ineligible) entity	The administrative hub is a critical support component of the overall healthcare operations and its connection is critical without which the health care service at the other sites in the network cannot function.	The broadband connection will need to be at least 3MB, but 10 Mbps MPLS Ethernet or bandwidth equivalent is desired.	TRUE	1	0009.00	Urban
New Mexico Primary Care Association Data Center	400 Tijeras Avenue NW		Albuquerque	NM	87102	No	11: Other (ineligible) entity	The data center is a critical component of the overall network without which the network cannot function.	The broadband connection will need to be at least 3MB, but 10 Mbps MPLS Ethernet or bandwidth equivalent is desired.	TRUE	1	0021.00	Urban

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
New Mexico Primary Care Association Data Center	99 NE 8th St		Miami	FL	33132	No	11: Other (ineligible) entity	The data center is a critical component of the overall network without which the network cannot function.	The broadband connection will need to be at least 3MB, but 10 Mbps MPLS Ethernet or bandwidth equivalent is desired.	TRUE	1	0037.02	Urban
Espanola Admin	620 Coronado St		Espanola	NM	87532	No	11: Other (ineligible) entity	The administrative hub is a critical support component of the overall healthcare operations and its connection is critical without which the health care service at the other sites in the network cannot function.	The broadband connection will need to be at least 3MB, but 10 Mbps MPLS Ethernet or bandwidth equivalent is desired.	TRUE	4	9407.00	Rural
Bird Springs Chapter Health Station	14 miles East of Hwy 99 and BIA 15	Lat: N35	Bird Springs	AZ	86035	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	8	9411.00	Rural
Sun Valley Indian Health Station	8450 S Sun Valley Rd.		Sun Valley	AZ	86029	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	7	9602.00	Rural
7th Day Adventist School Health Station	2001 McClaws Rd.		Holbrook	AZ	86025	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	7	9602.00	Rural
Joseph City Elem School Health Station	8176 Westover St.		Joseph City	AZ	86032	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	7	9605.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
Black Falls Health Station	10 miles NorthWest of the intersection of Leupp Indian Road 15 and US Highway 99.	Lat N35.5	Leupp	AZ	86035	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	2	9445.00	Rural
Holbrook Jr. High Health Station	455 N. 8th Ave		Holbrook	AZ	86025	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	7	9602.00	Rural
Dilkon Headstart Health Station	BIA 6, Hwy. 77	Lat: N35	Dilkon	AZ	86047	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	10.6	9447.00	Rural
White Cone Chapter Health Station	IR- 9001 West of IR 6	Lat: N35	White Cone	AZ	86047	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	10.6	9447.00	Rural
Indian Wells Chapter Health Station	BIA- 9803 North of Indian Route 15	Lat: N35	Indian Wells	AZ	86031	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	10.6	9447.00	Rural
Indian Wells Pre-School Health Station	NW Corner of IR 15 & IR77	Lat: N35	Indian Wells	AZ	86031	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	10.6	9447.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonprofit	Rural	Census Tract	Rural
Tolani Lake Chapter Health Station	Intersection of BIA-1330 & BIA -24	Lat: N35	Tolani Lake	AZ	86035	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	8	9411.00	Rural
Canyon Diablo Health Station	8 miles South West of the intersection of Leupp Indian Road 15 and US Highway 99.	Lat N35.2	Canyon Diablo	AZ	86035	Yes	6: Rural health clinic	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	2	9445.00	Rural
Fingerpoint /Teesto Chapter Health Station	BIA 60 &BIA 9757	Lat: N35	Teesto	AZ	86047	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	10.6	9447.00	Rural
Seba Dalkai Health Station	Lat N35.50261 Long. W110.44779		Seba Dalkai	AZ	86047	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	10.6	9447.00	Rural
Dilkon Wellness Center	Lat N35.39131 Long W110.32903		Dilkon	AZ	86047	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	7	9606.00	Rural
Dilkon Chapter Health Station	HWY 60- Entrance of Dilkon Boarding School	Lat: N35	Dilkon	AZ	86047	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	10.6	9447.00	Rural

Name	Address	Address2	City	State	ZIP	Eligible	Eligible Entity Type	Explanation of Eligibility	Description of Telecom/Internet Services	Nonp	Ruca	Census Tr	Rural
Jeddito Chapter Health Station	IR- 9101 & IR 9103	Lat: N35	Keams Canyon	AZ	86034	Yes	3: Local health department or agency	Resources provided to the community related to the community related to healthcare:Disease Prevention, Immunization Health Services, Medical Case Management	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites.	TRUE	10	9410.00	Rural
Hardrock Council on Substance Abuse Health Station/Main Office	17 miles north of State Route 264	P.O. Box	Kykotsmovi	AZ	86039	Yes	3: Local health department or agency	Rural Outreach Resource of Indian Health Services- Outpatient Substance Abuse Services	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites at 20-30 Mbps	TRUE	10	9410.00	Rural
Rocky Ridge Health Station	Dinnebito Road & N 41	Lat: 36.0	Kykotsmovi	AZ	86039	Yes	3: Local health department or agency	Rural Outreach Resource of Indian Health Service- Outpatient Substance Abuse Services	The telecommunications & Internet needs of these sites are for telemedicine applications to include Electronic Health Records, Medical Imaging, Medical conferencing, and medical Internet sites at 20-30 Mbps	TRUE	10	9410.00	Rural
UNM Hospital	2211 Lomas Blvd NE		Albuquerque	NM	87106	Yes	5: Not-for-profit hospital	Hospital where patients are provided general medical care. Included in the University of New Mexico Hospital License (6005) as an accredited general hospital by the New Mexico Department of Health Division of Health Improvement, Health Facility Licensing and	Fiber optic direct connection to facilitate medical data transfer and to insure high availability of service between the main Hospital and main hospital data centers to other healthcare facilities	TRUE	1	0018.00	Urban
Novitski Hall zone-hub	2320 Tucker NE		Albuquerque	NM	87106	No	11: Other (ineligible) entity	The data center is a critical component of the overall network without which the network cannot function.	This site serves to connect all other sites in the network together. Services provide high speed and resilient services to the connections at the other end of the circuit, connectivity 10 gigabit.	TRUE	1	0018.00	Urban
UNMHSC Health Sciences and Services Building zone-hub	2500 Marble NE		Albuquerque	NM	87106	No	11: Other (ineligible) entity	The data center is a critical component of the overall network without which the network cannot function.	This site serves to connect all other sites in the network together. Services provide high speed and resilient services to the connections at the other end of the circuit, connectivity 10 gigabit.	TRUE	1	0018.00	Urban